

Today's Date:

## **Request for Low Angle Rope Rescue Operational Course Scheduling**



PO Box 944246 \* Sacramento CA 94244-2460 \* FAX (916) 552-9464 www.fire.ca.gov

By submitting this request, instructors and sponsoring agencies agree to comply with all published State Fire Training procedures of the California State Fire Marshal's Office.

All requests must be received **6 weeks** prior to the class start date.

Advertise In Class Schedule?

		Li fes Li No				
Class Start Date:		Class End Date:				
Class Location (City):		Class Location (County):				
Sponsoring Agency Name:		Training Facility:				
Contact Name:		Contact's Phone Number:		Contact's Email Address:		
Number of Squads being Taught Concurrently:		Maximum: 4 Squads Student Instructor Ratio: 12:1				
1 Squad Primary Instructor:	Instructor's Email Address:	2 Squad Primary Instructor:		Instructor's Email Address:		
3 Squad Primary Instructor:	Instructor's Email Address:	4 Squad Primary Instructor:		Instructor's Email Address:		
Estimated Number of Students:	Delivered on Shift Schedule?  ☐ Yes ☐ No	# of Shifts:	# of Students per Shi	t: # of Student Manuals:		
SHIPPING IN	BILLING INFORMATION:					
Ship To:		Bill To:				
Attn:		Attn:				
Street Address: (No Po Box)		Street Address:				
City/State/Zip Code:		City/State/Zip Code:				
	<b>⇔FOR STATE FIRE</b>	TRAINING U	JSE ONLY <b></b> Ø			
Date Approved:	Primary Instructor Code:		Class Code:	Class Code:		
Date Shipped:	□ DHL □ Printer □ Pick-Up					
Return Date:	☐ MRT #:					
Registration and Materials			Unit Price	Quantity	Total Price	
☐ Course Registration		21) \$ 20.00		\$		
☐ Student Manuals(59210-141200			_) \$		\$	
□ Sales Tax (Manuals Only)			Tax Rate.	%	\$	
				Shipping/Handling Charges: \$ 8.00		
Estimated Total Amount Due:   \$						
DO NOT	PAY - TH		S NOT	A B I	LL	
Scheduling Desk (916) 445-8132 Scheduling Fax (916) 552-9464						

Revised 1/08